



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS**

NOTICE OF ALLEGED VIOLATION OF PAROLE AGREEMENT

IN THE MATTER OF _____ **Youth ID:** _____

You are alleged to have violated your Parole Agreement as follows: (List conditions violated)

You shall be granted a hearing before a Hearings Officer on the alleged violations within ten days of the date of this notice or the date of your detention, whichever is earlier.

The purpose of this hearing is to determine whether you did commit the violation, and, if so, whether the violation is of such a nature that you should be returned to the Youth Correctional Facility from which you were released or whether a different plan of custody or supervision should be pursued by the Department of Corrections.

A record of the hearing will be taken by tape or digital recorder. The Hearings Officer will give you a written decision listing the reasons for his/her decision.

Full disclosure of the evidence against you will be made at that time.

Witnesses and Evidence which may be used against you, are as follows:

Initial

_____ I will have an opportunity to be heard in person and to present witnesses and documentary evidence to controvert the evidence against you to show that there are compelling reasons, which justify or mitigate the violation.

_____ I shall have power to issue subpoena to witnesses.

_____ I may have the right to confront and cross-examine adverse witnesses if allowed to do so by the Hearings Officer.

_____ I have the right to be represented by an attorney. If indigent or without the means to secure an attorney, one will be provided for you.

I may appeal the decision of the Hearings Officer to the Director of the Department of Corrections. The appeal must be made in writing within five days of the hearing. I may appeal the decision of the Director to the District Court of the county in which the alleged violation occurred, by service, and filing a notice of appeal with the court within ten days of the date of the decision of the Director.

I may waive my right to a hearing, upon the advice of an attorney.

I have read and understand the above-alleged violations.

I have been informed of my rights and understand them.

Certificate of Service

I hereby certify that I served _____ the Notice of Alleged Violation of Parole Agreement on the _____ day of _____, _____.

Youth's Signature

Date

Juvenile Parole Officer's Signature

Date

Copies to: Youth, Parents/Guardians/Custodians or their Representatives, Attorney, Hearings Officer, Youth Correctional Facility